

# Town of Dewey-Humboldt

P.O. Box 69  
Humboldt, AZ 86329  
928-632-7362 FAX 928-632-7365

## PERMIT INFORMATION SHEET

Please complete all the Following Information as it pertains to your permit application.

### PROPERTY INFORMATION

Assessor's Parcel Number \_\_\_\_\_  
Address: \_\_\_\_\_  
City : \_\_\_\_\_  
Sub-Div: \_\_\_\_\_ Lot: \_\_\_\_\_

### TYPE WORK TO BE DONE

Res \_\_\_\_\_ Comm \_\_\_\_\_ Indust. \_\_\_\_\_

Valuation: \$ \_\_\_\_\_

# of existing structures \_\_\_\_\_

Fire District: \_\_\_\_\_ Sprinklers Y N

### PROPERTY OWNER INFORMATION

Owner \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town \_\_\_\_\_, AZ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Applicant \_\_\_\_\_  
Address: \_\_\_\_\_

Owner Agent Contractor

CONTACT PHONE: \_\_\_\_\_

Is Owner using a Contractor? Yes No

Contractors Name \_\_\_\_\_ Agent/Designer \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ AZ. Zip: \_\_\_\_\_ City: \_\_\_\_\_ AZ. Zip \_\_\_\_\_

State License \_\_\_\_\_ Class \_\_\_\_\_ State Tax # \_\_\_\_\_

Workman's Compensation Insurance Policy # \_\_\_\_\_  
Expires: \_\_\_\_\_  
Company: \_\_\_\_\_

Contractors licensed under provisions of ARS 32-1169? Yes No

Clerk \_\_\_\_\_ Application # \_\_\_\_\_

ADDITIONAL FORMS MAY BE REQUIRED FOR SEPTIC AND PUBLIC WORKS.